

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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52						
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55						
56						
57						
58						
59						
60	1					
61		1				
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96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	21					
	22					